121	of the federal poverty level as:
122	(i) the allowable income standard for eligibility for services or benefits; and
123	(ii) the allowable income standard for eligibility as a result of spend down.
124	(10) The department shall conduct internal audits of the Medicaid program.
125	(11) (a) The department may apply for and, if approved, implement a demonstration
126	program for health opportunity accounts, as provided for in 42 U.S.C. Sec. 1396u-8.
127	(b) A health opportunity account established under Subsection (11)(a) shall be an
128	alternative to the existing benefits received by an individual eligible to receive Medicaid under
129	this chapter.
130	(c) Subsection (11)(a) is not intended to expand the coverage of the Medicaid program.
131	(12) (a) (i) The department shall apply for, and if approved, implement an amendment
132	to the state plan under this Subsection (12) for benefits for:
133	(A) medically needy pregnant women;
134	(B) medically needy children; and
135	(C) medically needy parents and caretaker relatives.
136	(ii) The department may implement the eligibility standards of Subsection (12)(b) for
137	eligibility determinations made on or after the date of the approval of the amendment to the
138	state plan.
139	(b) In determining whether an applicant is eligible for benefits described in Subsection
140	(12)(a)(i), the department shall:
141	(i) disregard resources held in an account in the savings plan created under Title 53B,
142	Chapter 8a, Utah Educational Savings Plan, if the beneficiary of the account is:
143	(A) under the age of 26; and
144	(B) living with the account owner, as that term is defined in Section 53B-8a-102, or
145	temporarily absent from the residence of the account owner; and
146	(ii) include the withdrawals from an account in the Utah Educational Savings Plan as
147	resources for a benefit determination, if the withdrawal was not used for qualified higher
148	education costs as that term is defined in Section 53B-8a-102.5.
149	(13) (a) The department may not deny or terminate eligibility for Medicaid solely
150	because an individual is $\hat{\mathbf{H}} \rightarrow :$
150a	$(i)$ ← $\hat{H}$ incarcerated $\hat{H} \rightarrow ;$ and $[:]$
150b	(ii) not an inmate as defined in Section 64-13-1.
151	[ $\underline{\text{(b)}}$ Upon release from incarceration, an individual remains eligible for Medicaid if the] $\leftarrow$ $\hat{H}$

152	Ĥ→ [ <del>individual:</del>
153	(i) was eligible for Medicaid before incarceration; and
154	(ii) is not determined to be ineligible for Medicaid on grounds other than incarceration.
155	(c) This (b) $\leftarrow \hat{\mathbf{H}}$ Subsection (13) $\hat{\mathbf{H}} \rightarrow (\mathbf{a}) \leftarrow \hat{\mathbf{H}}$ does not require the Medicaid program to
155a	provide coverage
156	for any services for an individual while the individual is incarcerated $\hat{H} \rightarrow [\underline{if prohibited under state}]$
157	<u>or federal law]</u> ←Ĥ <u>.</u>